

**EFFECTIVENESS OF REMINISCENCE THERAPY
ON LEVELS OF DEPRESSION AMONG ELDERLY
AT OLD AGE HOME, POIGAI, VELLORE.**

BY

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M.Sc (NURSING) DEGREE EXAMINATION

BRANCH-V MENTAL HEALTH NURSING

**SRI NARAYANI COLLEGE OF NURSING,
VELLORE- 55.**



A Dissertation Submitted to

**THE TAMIL NADU DR. M. G. R. MEDICAL UNIVERSITY,
CHENNAI- 600 032.**

In partial fulfillment of the requirement for the degree of

MASTER OF SCIENCE IN NURSING.

APRIL -2016

CERTIFICATE

This is to certify that this dissertation titled **“EFFECTIVENESS OF REMINISCENCE THERAPY ON LEVELS OF DEPRESSION AMONG ELDERLY AT OLD AGE HOME, POIGAI, VELLORE”** is a bonafide work done by **Ms. Karthiga.R**, Sri Narayani College of Nursing, Vellore – 55, in the partial fulfillment of the requirement for the award of the degree of Master of Science in Nursing, Branch V – Mental health Nursing, under our guidance and supervision during the academic period from April 2015-16.

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ABSTRACT

INTRODUCTION

Aging is not a disease, but the final stage of normal life. The three common ways of understanding old age are physiological, psychological and socio-cultural. The degree of adaptation to the fact of aging is crucial to a man's happiness in the phase of later life. Failure to adapt can result in bitterness, inner withdrawal and depression.

STATEMENT OF THE PROBLEM

Effectiveness of reminiscence therapy on levels of Depression among elderly at old age home, Poigai Vellore.

OBJECTIVES OF THE STUDY:

- To assess the levels of depression among elderly.
- To determine the effectiveness of reminiscence therapy on levels of depression among elderly.
- To determine the association between the post-test levels of depression among elderly and selected demographic variables.

METHODS:

The research design selected for this study was pre experimental one group pre and post test design. Purposive sampling technique was adopted to select 30 elderly in old age home. The samples were selected based on inclusion and exclusion criteria, tool used was Geriatric Depression scale by Yesavage JA (1986) to assess the levels of depression. Descriptive statistics (frequency, percentage, mean, standard deviation) and inferential statistics (paired 't' test and 'chi' square) were used for the analysis and interpretation of data.

Results and interpretation:

Finding of the study showed that the pre test mean value is 8.2 and after reminiscence therapy post test mean value is 5.3. The mean difference was 2.9 The computed “t” value ($t=17.5$) was higher than the table value (3.66) at $p<0.001$ level. This shows that reminiscence therapy is effective in reducing depression level in elderly in old age home. The ‘chi’ – square value of Educational status, Physical illness, Duration of stay in old age home, allowance/ pension, Frequency of family members visiting elderly, were associated, at ‘p’ <0.05 level and demographic variables like age, gender, marital status are not associated.

Conclusion:

The conclusions of the study findings shows most of the elderly in old age home have reduction in depression level by reminiscence therapy. There is a significant reduction in levels of depression after Reminiscence therapy among elderly in old age home. Hence Hypothesis H_1 is accepted. There is a significant association between post test and selected demographic variables like educational status, physical illness, duration of stay in old age home, monthly allowance/pension in INR, frequency of family visits hence H_2 is also accepted.

Key words: Effectiveness, Reminiscence therapy, levels of depression.

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ABBREVIATIONS

ANA	American Nursing Association.
APA	American Psychological Association.
BRMS	Banch- Rafaelsen Melancholy Scale.
DALYS	Disability Adjusted Life Years.
DM	Diabetes mellitus
GDS	Geriatric Depression Scale.
GRT	Geriatric Reminiscence Therapy.
HPS	Health Perception Scale.
HRQOL	Health – Related Quality of Life.
HT	Hypertension.
NS	Non Significant.
S	Significant.
RSE	Rosenberg’s Self esteem Scale.
SD	Standard deviation.
SERPS	Structured Education Reminiscence Programme Schedule.
SNCON	Sri Narayani College of Nursing
SNHRC	Sri Narayani Hospital and Research Center
SPSS	Statistical package for social science
WHO	World health organization

CHAPTER I

INTRODUCTION

“Remembering Yesterday, Caring Today”

- Pam Schweitzer

Aging is a universal, normal, inevitable biological phenomenon. Aging is generally defined as a process of deterioration in the functional capacity of one individual that results from structural changes.

Elderly can be broadly characterized by time altered changes in an individual's biological, physical, psychological and health related capabilities and its implications for the consequent changes in the role in the economy and society. The current demographic revolution is predicted to continue well into the coming centuries. One out of every ten persons is now 60 years or above; by 2050, one out of five will be 60 years or older; and by 2150, one out of three persons will be 60 years or older. The older population itself is aging.

Aging is not a disease, but the final stage of normal life. The three common ways of understanding old age are physiological, psychological and socio-cultural. The degree of adaptation to the fact of aging is crucial to a man's happiness in the phase of later life. Failure to adapt can result in bitterness, inner withdrawal, weariness of life and depression. The aging population is increasing globally. India is witnessing a silent demographic revolution due to the steadily growing older population. Decline in morbidity rate, reduction in birth rate, and increase in life expectancy has led to an increase in elderly population. The size of India's elderly population aged 60 and above is expected to increase from 77 million in 2001 to 179 million in 2031, and further to 301 million in 2051.

The WHO (2013) Report states that globally the percentage over the age of 60 years is estimated to be 9.9%. By 2030, the world population, aged 65 years, is projected to increase approximately to 973 million, increase from 6.9% to 12% and in the developing

countries the share of the world's population aged 65 is projected to increase from 5.9% to 7.1%. At present, in India the population over 60 years of age is estimated to be 7.75%.

The elderly face various problems such as:

- a) Physical fitness and health problems,
- b) Financial problems,
- c) Psychological problems and problems of interaction in a social or family setting.

Psychosocial and environmental problems include feeling of neglect, loss of importance in the family, loneliness and feeling of unwantedness in family as well as society, feeling of inadequacy of education and expertise. These aspects are somewhat eventually interdependent in nature; each aspect may affect the quality and quantity of the problem.

Family is the best place for the elderly (after crossing the age of 60) to spend their later part of life and their living environment with children and grandchildren would be most preferable for their happiness. However, when they cease to be functional, they may be viewed as a 'burden' upon the family, community and ending up in old age home.

So, their living environment is often shifted to an old age home, In India, staying outside the family is considered humiliating by the elderly. The changing scenario towards a nuclear family (a family group consisting of a pair of adults and their children), the family contains only parents, son/daughter and grandchild has narrowed the living space of the elderly in the family. The study conducted by Mr. Rovuth (2014) shows in urban or rural life the elderly population have their separate living space in old age homes in India.

The World Health Organization (2015) estimated that the overall prevalence rate of depressive disorders among the elderly generally varies between 10 and 20%, depending on the cultural situations. The community-based mental health studies in India have revealed that the point prevalence of depressive disorders in elderly Indian population varies between

13% and 25%. Although India is the second-most populated country in the world, in terms of elderly population of 60 years and above, elderly depression is not yet perceived as a public health problem in India. Very few community-based studies have been conducted in India so far to address this issue.

The most common reason for getting admitted in an old age home in Mumbai, India was family disharmony according to Macril (2013). This same study showed that the main reason for being unhappy at the old age home was the boring, institutional life, insecurity, loneliness, and lack of psychological satisfaction.

The major developmental crisis associated with aging include: Dependence, depression, isolation, separation, illness, loss, retirement, and death of loved once. Persons who reminisce (recall past experiences) together may gain a sense of continuity between the past and present, gain deep insight into their past and present relationships, transmit their cultural heritage. They may resolve conflicts and acquire a sense of life achievement, which increases their social interaction. Reminiscing may also preserve a sense of history and it may assist a person to solve their present problems by identifying past strengths. It is a method to cope with the difficulties in life situation.

Before the late 1950s, reminiscence was seen as a negative symptom which often leads to mental deterioration. Erik Erikson introduced his concept of the eight stages of psychosocial development which involved the progression of one's life and development from birth until death. The last stage known as late adulthood, brought up the idea of integrity vs. despair. At this stage it becomes important for one to look back on one's life with satisfaction before they die.

Reminiscence refers to recollections of memories from the past reminiscence involves exchanging memories with the old and young, friends and relatives, with caregivers and professionals, passing on information, wisdom and skills. Reminiscence activity and

therapies are used frequently in our own lives and well as in therapeutic settings and residential care.

Reminiscence therapy is defined by the American Psychological Association (APA) as "the use of life histories - written, oral, or both - to improve psychological well-being. The therapy is often used with older people. This form of therapeutic intervention respects the life and experiences of the individual with the aim to help the patient maintain good mental health. The majority of research on reminiscence therapy has been done with the elderly community, especially those suffering from depression, although a few studies have looked at other elderly samples.

A study was conducted by Senthilkumar.P, Department of Psychiatry, Christian Medical college, Vellore in 2009 on Nature, prevalence and factors associated with depression among elderly in a rural south Indian community, they recruited 1000 participants aged over 65 years from Kaniyambadi block, Vellore, India. Prevalence of geriatric depression(ICD-10) within the previous one month was 12.7%, low income 1.78, experiencing hunger 2.58%, history of cardiac illness 4.75%, transient ischemic attack 5%, past head injury 2.70% and diabetes 2.33%, increased the risk of depression. They conclude that geriatric depression is prevalent in rural south India. Poverty and ill health are risk factors for depression among elderly while good social support is protective.

NEED FOR THE STUDY

The difficult changes that many elderly face can lead to depression, especially in those without a strong support system. Left alone, depression not only prevents elderly from enjoying life like they could be, it also takes a heavy toll on health. Depression is the fourth leading cause of disease burden in the world and accounting for 4.4% of total in the year 2000 Disability Adjusted Life Years (DALYs). A study conducted by Mr.Narkhede.V (2015) on the problem of old age among institutionalized and non-institutionalized elderly

of Chennai and Trichy in Tamilnadu showed that the institutionalized elderly had higher prevalence of depression than those non-institutionalized.

Reminiscence therapy not only enhances the cure of souls in early old age; it also helps to close the gap between the depressing expectations of younger generations and the reality of continued growth in the last half of life. Elderly adults often gain satisfaction, confidence and sense of identity from reminiscing Photographs, slides, films, old objects, old songs and dances, theatre, where the person performed, previous occupation or domestic activities, and visits to the person's school, childhood days, or other familiar scenes have all been effectively used in reminiscence therapy.

A study was conducted on the use of reminiscence therapy for the treatment of depression in rural elderly in the University of North California in US. This study reports that the use of reminiscence therapy is an effective means of reducing depression among rural elders. It was felt that reminiscence therapy as a nurse-initiated intervention that has the advantages of being cost effective, therapeutic, social and recreational for elderly. Reminiscence therapy is a valuable intervention and extremely beneficial alternative, among all treatment modalities in reducing depression among elderly.

During clinical posting researcher found that elderly have less to think and talk about future and have a lot to share about their past which brings happiness and satisfaction of their life.

Based on the above information, the researcher felt that there was a need to study about the reminiscence therapy since it is a cost effective, non-invasive nursing intervention, an effective strategy which reduces the depression and improves the quality of life of the elderly. Therefore the present study is designed to assess the effectiveness of reminiscence therapy on the level of depression among elderly residing in old age home, Vellore.

STATEMENT OF THE PROBLEM

Effectiveness of reminiscence therapy on levels of Depression among elderly at old age home, Poigai, Vellore.

OBJECTIVES OF THE STUDY:

- To assess the levels of depression among elderly.
- To determine the effectiveness of reminiscence therapy on levels of depression among elderly.
- To determine the association between the post-test levels of depression among elderly and selected demographic variables.

OPERATIONAL DEFINITIONS

EFFECTIVENESS

Refers to the reduced difference in the levels of depression after reminiscence therapy.

REMINISCENCE THERAPY

It is a process of sharing memories of past significant events and experiences in a group, encouraged by the researcher on selected topic such as marriage, family, festivals, food and friends.

DEPRESSION

Depression is psychological state with the a sense of hopelessness, helplessness, worthlessness, lack of interest in life, sadness, self-criticism, and sleep disturbances as assessed by Geriatric Depression Scale Yesavage JA(1986).

ELDERLY

Refers to the individual whose age is 60 years and above.

OLD AGE HOME

Refers to an institution for taking care of the elderly.

HYPOTHESES:

H₁- There is a significant difference in pre and post- test levels of Depression among elderly.

H₂- There is a significant association between post -test levels of Depression and selected demographic variables.

DELIMITATIONS OF STUDY

The study is delimited to,

- Elderly adults aged 60 years and above
- Elderly adults staying in the selected old age homes.
- Data collection period is 6 weeks only

CONCEPTUAL FRAMEWORK:

The conceptual framework is a theoretical approach to the study of problems that are scientifically based and emphasizes the selection, arrangement and classification of the concepts.

The conceptual framework for the present study was based on general system theory. The general system's model of Nursing was proposed by "Albawing Von Bettanlaffy" in 1986. The model focuses on the concepts- person, health, environment and nursing. Environment includes all influences that affect the development and behavior of a person.

General system theory is useful in breaking the whole process in to essential tasks to ensure goal realization. The number of parts of the system is totally dependent on what is needed to accomplish the goal, purpose or aim is necessary for system to function.

Health is the process of becoming integrated as a whole person. Nursing is the promotion of adaption in each of the models, contributing to the person's health, quality of life and dying with dignity.

The aim of the study is to reduce the levels of depression among elderly,

The system consist of four components

- Input
- Throughput
- Output
- Feed back

INPUT

Input in any system energy, information, material or human that enters into the system through boundaries. In present study the input consist of two section A & B.

Section A has demographic variables of elderly (Age, sex, marital status, education, allowance/ pension, physical illness, duration of stay and frequency of family members visits).

Section B refers to the assessment of levels of depression to the elderly through the standardized tool Geriatric Depression Scale by Yesavage JA (1986) which consist of 15 questions. Elderly who are in mild (5-8) and moderate depression (9-11) were selected for the study. Elderly were grouped each group consist of 5 members, totally 30 elderly were taken as a samples and they had made into 6 groups.

THROUGHPUT

Throughput is the process that occurs at some point between input and output which enables the input to be transferred in such a way it can be readily used by the system. In this throughput rapport was maintained with the elderly and researcher explained about the therapy planned and role f elderly in therapy session and time duration of the session. Reminiscence therapy was planned on selected topics such as

- Marriage
- Family
- Festivals
- Food and Friends

OUTPUT

Output is an energy or material transferred to environment. In this study output is assessed by evaluating scores using Yesavage JA(1986) geriatric depression scale consist of 15 questions after 5 weeks of reminiscence therapy as intervention. Output refers to reduction in depression level among elderly.

FEEDBACK

Feedback is the process by which information is received at each stage of the system and is feedback as input to guide/direct in its evaluation

SAMPLES

- Elderly will follow the reminiscence therapy after data collection period
- Elderly depression level will be reduced

INSTITUTION

- Institution will show interest to know about the levels of depression in elderly in old age home.
- Institution will come forward to use reminiscence therapy after seeing the response of elderly during data collection period.

RESEARCHER

- Researcher will gain good skill in performing reminiscence therapy.

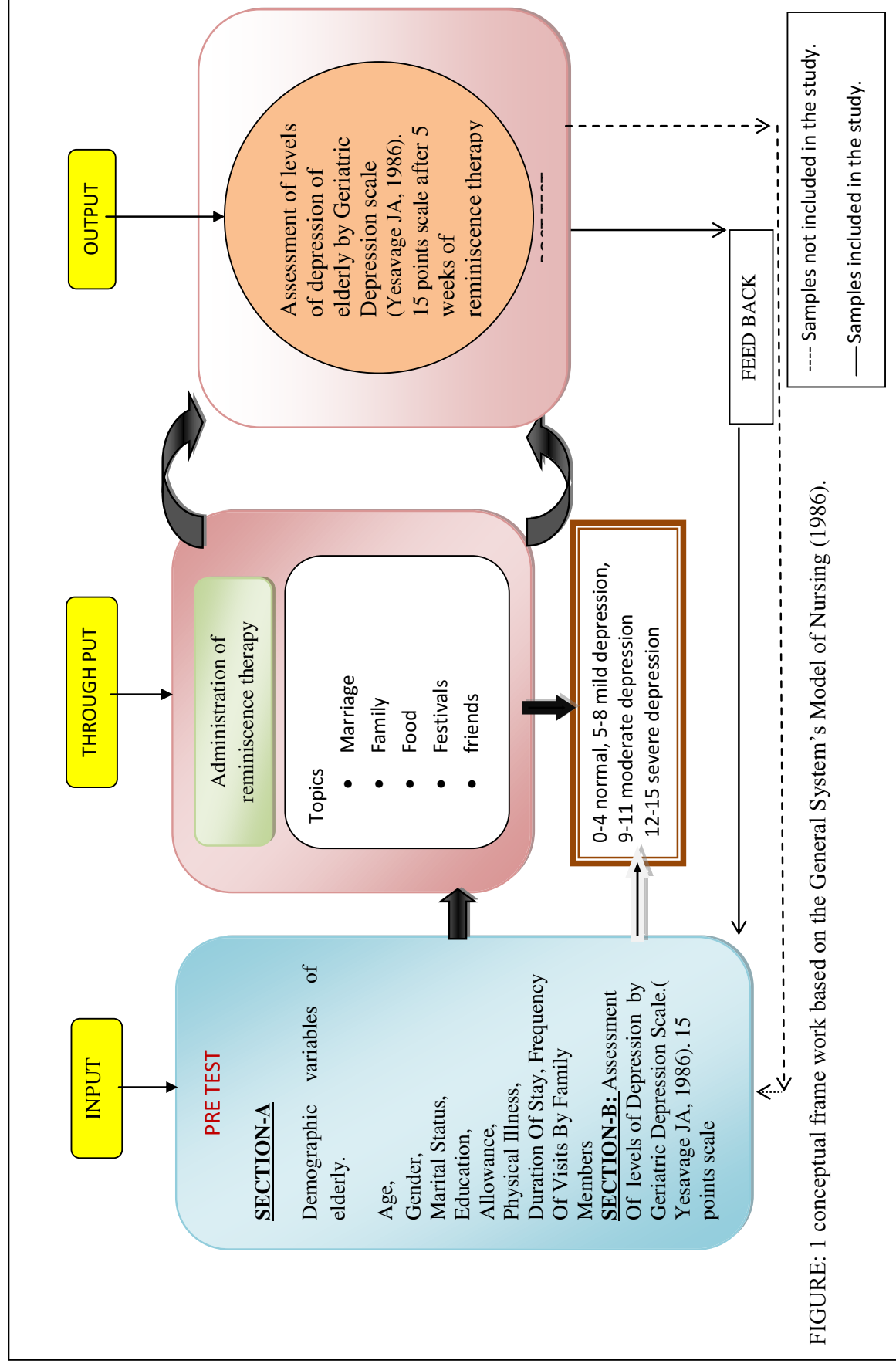


FIGURE: 1 conceptual frame work based on the General System's Model of Nursing (1986).

CHAPTER II

REVIEW OF LITERATURE

A literature review is a body of text that aims to review the critical points of knowledge on a particular topic of research.

(ANA -2000).

The related literature has been organized under the following headings

Section- A: Depression among elderly.

Section- B: Reminiscence therapy.

Section C: Reminiscence therapy on depression among elderly.

SECTION A: Literature related to depression among elderly.

K.O Sigurordotir Skenman (2014) conducted a study to examine the effect of a 12 week exercise (40 minutes of low intensity aerobic/ resistance training) on anxiety and depression symptoms among community elderly from Iceland. The participants were 27 elderly with depression and anxiety were measured using geriatric depression scale and Hamilton anxiety scale before and after the 12 weeks of intervention. The results show the calculated value 't' 16.5 is greater than the table value at ($p < 0.001$), there is the reduction in depression and he calculated value 't' 15 is greater than the table value at ($P < 0.001$) there is a significant reduction in anxiety symptoms in elderly.

F.A.Smith (2013) conducted a study on rapid screening for major depression in post-myocardial infarction elderly patients an investigation using Beck Depression inventory II items, 131 post-MI elderly patients within 72 hours of symptom onset, BDI-II items were administered (regarding sadness, loss of interest and loss of pleasure) were examined individual and in two question combinations to determine their ability to screen for MDD (Major depressive disorder). The individual items and two-question combinations had good sensitivity (76-94%), specificity (70-88%) and negative predictive values (97-99%). Item 1

(sadness) performed the best of the individual items (48% with a positive response to the item had MDD; 3% with the negative response had MDD, over 80% of patients with MDD were correctly identified). One to two questions regarding sadness and loss of interest serve as simple and effective screening tools for post-MI depression.

Seyed Mohammad Afzali (2013) conducted a descriptive study at Mumbai, to estimate the prevalence of depression among institutionalized elderly and association between demographic variables like age, sex, education, marital status, previous occupation, illness. 50 elderly were selected and assessed depression level using Geriatric depression scale. Elderly who are between 65-75 years(65.6%) are in moderate depression 75% of widowed females are moderately depressed, illiterate and elderly who are in long term treatment (DM, HT) have highly significant association with depression at $p<0.001$ level.

K.Knubben (2012), conducted a prospective (randomized) controlled study on the effects of a short-term endurance training programme in patients with major depression in a university hospital. Patients were randomly assigned to an exercise (walking, $n=20$) or placebo (low-intensity stretching and relaxation exercises, $n=18$) group. Training was carried out for 10 days. After 10 days, reduction of depression scores in the exercise group was significantly larger than in the placebo group (Bench- Rafaelsen Melancholy scale [BRMS] 36%v18%; center for Epidemiological studies Depression scale[CES-D] :41%v21%; p for both=0.01); the proportion of patients with a clinical response (reduction in the BRMS cores by more than six points) was larger for the exercise group (65%v22%, $p<0.01$). Hence the study concludes that endurance exercise may help to achieve substantial improvement in the mood of selected patients with major depression in a short.

Ribbers GM (2012) Cross-sectional design study conducted on Coping, problem solving, depression, and Health-Related Quality Of Life (HRQOL) in patients receiving outpatient stroke rehabilitation. To investigate whether patients with high and

low depression scores after stroke use different coping strategies and problem-solving skills and whether these variables are related to psychosocial health-related quality of life (HRQOL) independent of depression. Compared with patients with low depression scores, patients with high depression scores used less positive problem orientation ($P=.002$) and emotion-oriented coping ($P<.001$) and more negative problem orientation ($P<.001$) and avoidance style ($P<.001$). Depression score was related to all domains of both general HRQOL (visual analog scale: $\beta=-.679$; $P<.001$; utility: $\beta=-.009$; $P<.001$) and stroke-specific HRQOL (physical HRQOL: $\beta=-.020$; $P=.001$; psychosocial HRQOL: $\beta=-.054$, $P<.001$; total HRQOL: $\beta=-.037$; $P<.001$). Positive problem orientation was independently related to psychosocial HRQOL ($\beta=.086$; $P=.018$) and total HRQOL ($\beta=.058$; $P=.031$).

Jegadeesh Ramasamy (2012) conducted a cross-sectional descriptive study was in the rural village of Sembakkam, Kancheepuram District in the state of Tamil Nadu, India. To estimate the prevalence of depression and assess association between socio demographic parameters and depression among older adults in a rural Indian community. The village has population of 5948, 3.1% of whom are aged ≥ 60 years were selected. Sample size was 103. Study variables included socio demographic parameters such as age, sex, education, occupation, socioeconomic status, and marital status. Data entry and statistical analysis used SPSS version 17. 103 respondents interviewed, forty-four (42.7%) individuals (17 males, 27 females) were found to be depressed; 23 (22.3%) with mild depression, 14 (13.6%) moderate depression and 7 (6.8%) severe depression. Female sex and widowhood were significantly associated with depression.

SECTION B : LITERATURE RELATED TO REMINISCENCE THERAPY

Dempsey L (2014) conducted a study on analysis of the concept of reminiscence in Dementia and highlights its uses as a therapeutic intervention used on 50 individuals. This concept analysis identified reminiscence as a process which occurs in stages, involving the

recalling of early life events and interaction between individuals. The antecedents of reminiscence are age, life transitions, attention span and ability to recall, ability to vocalize and stressful situation. Reminiscence therapy is used extensively in dementia care for 6 weeks and evidence shows (mean = 68, SD = 3.5) that the calculated t value ($t=15.2$) is greater than the table value at $p<0.05$ level. Reminiscence therapy effectively helps individuals retain a sense of self worth, identity, individuality and improve cognitive function.

Van Bogaert. P (2014) conducted a study on effects of Solcos model-based individual reminiscence on elderly with mild to moderate dementia due to Alzheimer disease, to examine effects of individual thematically-based reminiscence sessions based on the Solcos model for elderly with dementia because of Alzheimer disease (AD). 82 elderly with probable AD were recruited from psychiatric day care, inpatient, and long term care facilities. Of the study group, 41 participants were randomly selected for individual reminiscence sessions during 4 weeks performed by one facilitator. A control group of 41 elderly were randomly involved and had no planned reminiscence treatment of any kind in the study period. All study participants were tested pre- and post intervention period with validated assessment scales to evaluate cognition and behavior. The study results showed ($p<0.05$ df-4 19.43) positive effects associated with individual thematically-based reminiscence on well-being such as depressive symptoms and cognition of participants in the experimental group.

Cooney (2013) published a paper on developing a Structured Education Reminiscence-Based Programme (SERPS) for staff in long-stay care facilities in Ireland. The programme aimed to prepare nurses and care assistants to use reminiscence when caring for people with dementia living in long-term care. The analysis of the pilot data (mean difference of pre and post is 6.5 and calculated $t= 20$ is greater than the table value at $p<0.001$ level) which

indicated that the program met its objective of preparing staff to use reminiscence with residents with dementia. Staffs were positive both about the SERPS and the use of reminiscence with residents with 30 dementia.

Melendez (2013) conducted a study on Effects of a reminiscence program among institutionalized elderly adults. Among the main consequences of the difficulty of adapting to the institutional context are prevalent depressive symptoms and low well-being. The study purpose was to investigate the usefulness of reminiscence intervention in an elderly, institutionalized sample. The intervention lasted eight sessions and compared a treatment group and a control group, using pre-post measures and a single-blind design. The results were (SD = 1.8, t =17 greater than table value at $p < 0.001$ level) obtained, including a drop in depressive symptoms and improved self-esteem, satisfaction, and psychological well-being in treatment group. They conclude that reminiscence intervention yielded positive effects in institutionalized, elderly participants.

Moon Faiconducted (2013) a randomised controlled trial study was conducted to assess the Effects of reminiscence therapy on depression in older people, 50 participants took part in the study and continued to the end of eight weeks. There were 24 participants in the control group and 26 participants in the experimental group. Majority of the participants were 55–64 years old ($n = 32$). There were more women ($n = 32$) than men in the study, and more than half of the participants' education level were secondary and above ($n = 27$, 54%). While most of the participants had religious beliefs, only 8% of the total sample did not have a religion. The majority of the participants had their children as a form of economical support (42%). Most of the participants (62%) did not have any economical support. For the participants with some form of chronic illnesses, ($n = 22$) had hypertension, ($n=24$) suffered from diabetes, ($n = 7$) suffered from other diseases such as hyperlipidaemia and systemic lupus erythematosus, ($n = 3$) suffered from cardiovascular diseases and one participant has

respiratory disease (n = 1). 31% of participants (n = 9) have more than one chronic illnesses. Depression levels reduced weekly in the reminiscence therapy, and (calculated 't' value 20 is greater than the table value at $p < 0.001$ level) statistically significant reduction in depression levels was found in the experimental group compared with control group. Hence it was concluded that Reminiscence therapy can help older people to reduce their depression level.

Serrani Azcurra DJ (2012) conducted a randomized controlled trial study on reminiscence program intervention to improve the quality of life of long-term care residents with Alzheimer's disease. The intervention used a life-story approach, while the control groups participated in casual discussions. The result showed that predictors of change is associated with (SD =1, t = 10, $p < 0.01$, SD = 1.2, t= 15, $p < 0.001$) fewer anxiety symptoms and lower depression scores.

Section C: Literature related to Reminiscence therapy on depression among elderly.

Kayser- Jones J. (2014) a randomized controlled trial was conducted in China to assess a specific reminiscence approach to promote the well-being of nursing home residents with depression. After random sampling, 101 subjects were assigned into three groups. The mean age of the sample (N=101) was 85.6 (Standard Deviation [SD] =7.0). 68% were female. The majority had lost a spouse (68.3%). Most had received no education (61.4%) or only primary education (28.7%). The majority of them did not have any religion (67.3%). Their mean length of stay at the nursing homes was 25.5 months (SD=10.3). The study concluded (mean difference of pre and post is 5 and calculated t value is 25 greater than the table value at $p < 0.001$ level) that reminiscence therapy had beneficial effects on the elderly especially to overcome their loneliness and depression.

Jin CY (2014) conducted a study on effects of group reminiscence therapy on depression, self-esteem, and life satisfaction of elderly nursing home residents. A quasi-experimental

study was conducted in China to describe the effect of participation in reminiscence group therapy on older nursing home residents' depression, self-esteem, and life satisfaction. A sample of 24 elderly was selected through purposive sampling and divided equally into two groups. One group received reminiscence therapy and the other was kept as control group. The study results indicated that the group which received reminiscence therapy showed significant improvement in self-esteem (1.02 ± 0.47 , $p < 0.01$), effects on depression (1.5 ± 0.6 , $p < 0.05$) and life satisfaction were significant. Reminiscence groups could enhance elders' social interaction with one another in nursing home settings and become support groups for participants.

Chueh KH (2013) conducted a study on Effectiveness of group reminiscence therapy for depressive symptoms in Male veterans. The purpose of this study was to use group reminiscence therapy (GRT) as a nursing intervention to evaluate the post-test, 3-month and 6-month effects on depressive symptoms for institutionalized male veterans at Taiwan after a 4-week intervention. The method used is quasi-experimental design and purposive sampling was used. A total of 21 male veterans were studied to measure the effect of GRT. Eleven participants were in the experimental group and 10 in the control group. The experimental group activity was held twice weekly for 4 weeks. The Taiwan Geriatric Depression Scale was used to assess depressive symptoms and geriatric depression among male veterans. Group reminiscence therapy can reduce their depressive symptoms. A 4-week, eight-session GRT can statistically ($t = 7$, $p < 0.01$) reduce depressive symptoms among institutionalized male veterans for a 6-month period.

Chao (2013) conducted a study to assess the Effects of Group Reminiscence Therapy on Depression, Self Esteem, and Life Satisfaction of Elderly Nursing Home Residents. The need to provide quality mental health care for elders in nursing home settings has been a critical issue, as the aging population grows rapidly and institutional care becomes a

necessity for some elders. Nine weekly one-hour sessions were designed to elicit reminiscence as group therapy for 12 elders in the experimental group. Another 12 elders were recruited for a control group matched to experimental subjects on relevant criteria. Depression, self-esteem, and life satisfaction were measured one week before and after the therapy. Results indicated that group reminiscence therapy significantly improved self-esteem ($t=15$, $p<0.05$), although effects on depression and life satisfaction were significant ($t=20$, $p<0.01$) level.

Dianan A (2012) conducted a quasi-experimental study on the comparative effects of reminiscence on self-esteem, self-health perception, depressive symptoms, and mood status of elderly adults residing in long-term care facilities and at home in Taiwan. Using purposive sampling 48 elderly people were selected of which 25 were institutionalised and 23 were non-institutionalised home-based elderly people. Each subject was administered pre- and post-experimental tests at a four month interval and all subjects underwent weekly individual reminiscence intervention. A significant difference was found between groups in mood status post-test ($t = 5.96$, $p < .001$) and significant differences were noted in self-health perception, depressive symptoms, and mood status ($t = 2.56, 2.83, 3.02$; $p = 0.01$), between the pre- and post-intervention tests in the institutionalised group. These results suggest that reminiscence therapy is especially appropriate for older people who reside in care facilities.

Kling M (2012) conducted meta analytical study in China among 50 older people to examine the clinical effects of reminiscence therapy (RT) on life satisfaction, depression, and self-esteem of elderly of age 50 or above. Through purposive sampling subjects were selected and divided into experimental and control group with 25 subjects each. The results showed that the RT had a positive effect on happiness (standard deviation mean difference, $SMD=1.39$) and significant lower depression ($SMD=1.28$) but no significant elderly

satisfaction (standard deviation mean difference, $SMD=0.22$) or self-esteem ($SMD=0.63$) was seen. The study concluded that reminiscence therapy had a beneficial effect on happiness and depression, but no significant effect on life satisfaction, self-esteem

Chuvang. MJ (2012) conducted a quasi-experimental study in Taiwan to explore the effects of reminiscence therapy on raising self-esteem, lowering depression, reducing loneliness, and improving life satisfaction among elderly people living alone. After convenient sampling, 26 subjects were randomly assigned to either an experimental group or control group. The participants ranged in age from 65 to 85 years, with a mean age of 74.7 years. Only 3 of them were females. Of the participants 21 were unmarried and 4 were widowed. Among the participants 11 (42.3%) had no religious belief. Their main financial resources (92.3%) came from pensions and governmental subsidies. The study concluded that reminiscence therapy significantly raised self-esteem ($t=10, p<0.05$), lowering depression ($t=12, p<0.001$) lessened loneliness and improved life satisfaction ($t=11.5, p<0.05$) among elderly individuals living alone.

Zhou.w (2012) conducted a study on effects of group reminiscence therapy on depressive symptoms among community dwelling elderly. Eight communities were randomly selected from 372 eligible communities in Changsha city. They were randomly divided into four experimental groups and four control group. Geriatric Depression Scale (GDS) was used to screen entire 478 elderly living in these 8 communities. 165 of them had a GDS score between 11 and 25; among them, 125 participated in the study finally. The elderly group who were in the control group received health education, while the intervention group received both health education and group reminiscence therapy for 6 weeks. Both groups were assessed with the GDS before and after the 6-week-intervention. After 6 weeks' therapy, the GDS scores in the intervention group decreased significantly compared to those in the control group ($p < 0.001$). Group reminiscence therapy was effective ($t=10, p<0.05$)

in reducing symptoms of depression, improving affect balance, and promoting mental health of community-dwelling elderly.

Nomura N (2011) conducted an experimental study was conducted to examine the effects of individual reminiscence therapy in improving self-esteem and depression among Japanese community-dwelling elderly without dementia. 23 men and 57 women with mean age of 82.6 years were selected as samples from a community day care center. The reminiscence group attended 5 or 6 weekly sessions of individual reminiscence therapy. The results ($SD = 1.5$, $t = 10$, $p < 0.001$) showed that the reminiscence group had significant improvement in self-esteem and reduce depression symptoms ($SD = 1.3$, $t = 12$, $p < 0.01$ level).

Wang J.(2011) conducted a study was conducted as quasi-experimental study to examine the comparative effects of reminiscence on self-esteem, self-health perception, depressive symptoms and mood status of elderly people residing in long term care facilities and at home (25 institutionalized and 23 non-institutionalized). Modified Rosenberg's self-esteem scale (RSE), Health perception scale (HPS), Geriatric Depression scale-short form (GDS-SF), and Apparent Emotion Rating scale (AER) were used as study instruments. Each subject was administered pre and post experimental tests at the four month interval and all subjects underwent weekly individual reminiscence intervention. A significant differences was found between groups in mood status post-test ($t = 5.96$, $p < 0.01$) and significant differences in self-health perception; depressive symptoms ($t = 6$, $p < 0.05$) and mood status were noted between pre and post intervention tests in the institutionalized group. The result suggests that reminiscence therapy is especially appropriate for older people who reside in care facilities.

Xuan-YiHuang (2011) conducted a quasi-experimental study was conducted in Taiwan to explore the effects of reminiscence therapy on raising self-esteem, lowering depression,

reducing loneliness, and improving life satisfaction among elderly people living alone. After convenient sampling, 26 subjects were randomly assigned to either an experimental group or control group. The participants ranged in age from 65 to 85 years, with a mean age of 74.7 years. Only 3 of them were females. Of the participants 21 were unmarried and 4 were widowed. Among the participants 11 (42.3%) had no religious belief. Their main financial resources (92.3%) came from pensions and governmental subsidies. The study concluded that reminiscence therapy significantly ($SD = 1.2$, $t = 16$, $p < 0.001$) level raised self-esteem, lessened loneliness, depression ($SD = 1.5, 1.3$, $t = 15, 18$, $p < 0.001$) level and improved life satisfaction among elderly individuals living alone.

Moses (2011) conducted a experimental study to assess the effect of group reminiscence therapy (GRT) on levels of depression and life satisfaction among elderly in rural area. GDS (Geriatric Depression Scale) and life satisfactory scale was used. 60 elderly were selected and equally divided into 2 groups, experimental group was given 4 weeks of GRT were control group was given no intervention. After 4 weeks levels of depression and life satisfaction was assessed and results shows ($SD = 1.2$, $MD = 2$, $t = 15$, $p < 0.001$ level) that there is the reduction n the depression level and improvement in the life satisfaction ($SD = 1.5$, $MD = 1.2$, $t = 10$, $p < 0.001$) level.

Wang XL (2011) a experimental study was conducted to determine the effects of Reminiscence Therapy on depression in elderly. A non equivalent group pretest- post test design was used. 50 elderly were selected (experimental group 30: control group 20). Reminiscence therapy was administered for a period of 6 weeks and post test was assessed. Result shows reduction in depression ($t = 13$, $p < 0.001$) level. Life satisfaction ($t = 10$, $p < 0.001$) level. There was reduction in depression and improvement in life satisfaction in experimental group and no changes in depression and life satisfaction level among elderly in control group.

CHAPTER III

RESEARCH METHODOLOGY

Methodology refers to the techniques used to structure a study together and analyze information in a systematic fashion.

- Polit and Hungler, 2003.

RESEARCH APPROACH

Research approach adapted for the study is quantitative approach.

RESEARCH DESIGN

The research design adapted is Pre experimental, one group pretest - posttest design. ($O_1 \times O_2$)

O_1 - Pretest assessment on levels of depression among elderly.

X – Administration of reminiscence therapy.

O_2 – Post test assessment on levels of depression among elderly.

SETTING OF THE STUDY:

The study is conducted among the elderly residing at old age home, Vellore.

POPULATION:

The population selected for the study is the elderly who are residing at old age homes.

SAMPLE:

The elderly with age of 60 years and above residing at Poigai old age home at Vellore.

SAMPLING TECHNIQUE:

Non probability, Purposive sampling technique is used for the study.

SAMPLE SIZE:

This study consists of 30 samples, elderly who are residing at Poigai old age home, Vellore.

CRITERIA FOR THE STUDY

INCLUSION CRITERIA:

Elderly who are

- 60 years and above.
- with mild or moderate depression.
- Able to understand and communicate in Tamil.
- Both males and females.

EXCLUSION CRITERIA:-

Elderly who have

- Sensory impairments like, visual, hearing.
- Psychiatric disorders.
- Not willing to participate in the study

VARIABLES

INDEPENDENT VARIABLE - Reminiscence therapy.

DEPENDENT VARIABLE - Levels of Depression.

DEMOGRAPHIC VARIABLES : Age, gender, educational status, marital status, physical illness, duration of stay in old age home, monthly allowance/pension, frequency of family visits.

DEVELOPMENT OF THE TOOL

PART-I

It consists of selected demographic variables ; Age, gender, educational status, marital status, physical illness, duration of Stay in old age home, monthly allowance/pension, frequency of family visits .

PART-II

Geriatric depression scale [GDS] consisting of 15 questions was developed Yesavage JA in 1986. Of the 15 items, 10 indicated the presence of depression when answered positively, while the rest (question numbers 1, 5, 7, 11, 13) indicated depression when answered negatively.

LEVELS OF DEPRESSION	SCORES
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Normal / no depression	0 - 4
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Mild depression	5 - 8
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Moderate depression	9 - 11
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Severe depression	12 - 15
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VALIDITY

Validity is the most critical criterion and indicates the degree to which an instrument measures what it is supposed to measure (**Polit & Beck 2013**).

The content validity of the tool was obtained from 3 experts in the field of Mental health Nursing, statistics. Initially section A had 9 demographic variables. Experts gave opinion to combine the spouse information in marital status and change income as allowance/ pension and demographic variables were decreased to 8 items.

PILOT STUDY PROCEDURE:

A pilot study is a small replication of the main study and covers the entire process of research.

- P.Saravanel (2000).

- Duration of pilot study was one week (29.6.15 to 5.7.15). Samples were selected by using purposive sampling technique.

- Confidentiality was assured among study participants. Pre-test was done on first day by using structured questionnaire. Reminiscence therapy was used by researcher for a one week.

RELIABILITY:

Reliability is defined as the extent to which the instrument yields the same results on repeated measure, concerned with consistency, accuracy, stability and homogeneity.

Suresh K Sharma (2014)

- The geriatric depression scale was administered to 5 elderly using test and retest method to obtain the reliability of the tool. Since the co-efficient correlation is 0.99, the tool was found to be highly reliable.
- The pilot study relieved that study is feasible and reliable to my setting.

DATA COLLECTION:-

- Ethical clearance was obtained from institutional research committee members and written permission from head of institution to conduct the research at Poigai old age home.
- The main study was conducted from (16.7.15 to 20.8.15).
- 50 elderly were screened using Yesavage JA (1986) Geriatric Depression Scale [GDS]. Among 50, two elderly were found to have severe depression and they were recommended to take to Adukkapari, Govt, Hospital as the researcher recommended to the management of old age home, Poigai. 18 elderly were excluded as they did not meet the inclusion criteria of the study.
- 30 elderly were selected using inclusion criteria and were informed regarding the research study and written consent was obtained initially.
- Elderly were divided into 2 groups A and B, each group had 3 sub groups and 5 elderly were in each sub groups.

- Elderly had 5 sessions of reminiscence therapy on selected topic such as marriage, family, festivals, food and friends. Elderly will discuss on each topic for 3 days in a week for one hour and 30 minutes for a period of 5 weeks under the supervision of the researcher.
- The 30 elderly were grouped into two groups A and B where group A had interventions on Monday, Wednesday and Friday. Group B had intervention on Tuesday, Thursday and Saturday.
- Focus group discussion was used by the researcher, for Reminiscence therapy.
- After 5 weeks of reminiscence therapy Levels of depression was assessed with the geriatric depression scale.

Plan for data analysis:

- Distribution of Demographic variables is analyzed by descriptive statistics (Mean, standard Deviation).
- To find out the effectiveness of Reminiscence therapy, inferential statistics (Paired 't' test) is used.
- To find out the association between post-test and selected demographic variable, inferential statistics ('Chi'- square) is used.

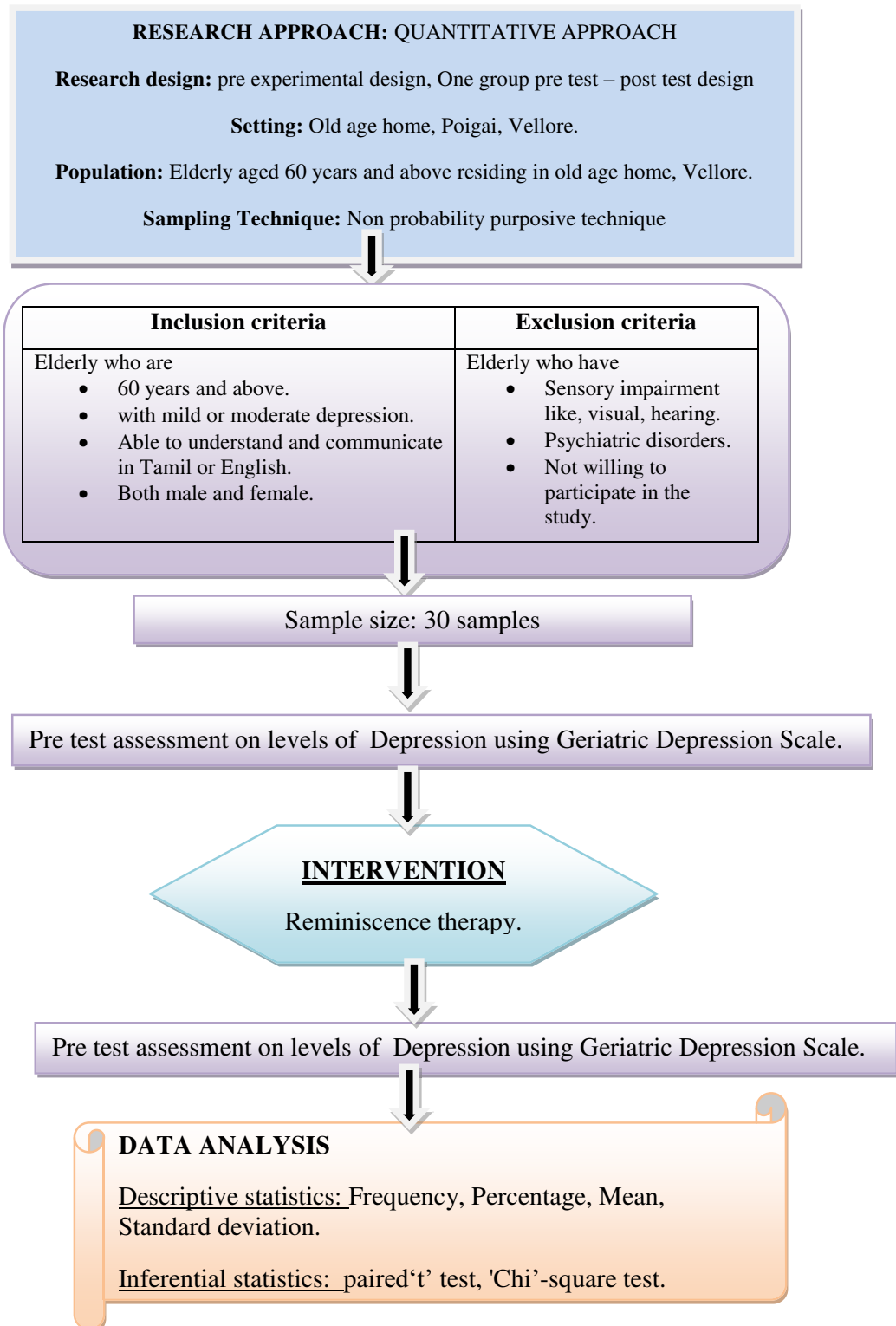


Figure 2: Schematic representation of research methodology

CHAPTER IV

DATA ANALYSIS AND INTERPRETATION

Technique used to reduce, organize, and give meaning to data

Suresh K Sharma (2014).

One group pre -test and post- test study was conducted to identify the effectiveness of reminiscence therapy on levels of depression among elderly at Poigai old age home, Vellore. The data were collected from 30 elderly at old age home.

The demographic variables were coded and analyzed. Analysis and interpretation was undertaken with the help of descriptive and inferential statistics to meet the objectives of the study.

- To assess the levels of depression among elderly.
- To determine the effectiveness of reminiscence group therapy on levels of depression among elderly.
- To determine the association between the post -test levels of depression among elderly and selected demographic variables.

The data thus collected was analyzed and interpreted. This chapter includes four sections. The results and analysis are presented in the following order.

ORGANIZATION OF DATA:

Section A: Distribution of demographic variables of elderly at old age home

Section B: Frequency and percentage and distribution of levels of depression among elderly

Section C: Effectiveness of reminiscence therapy on levels of depression among elderly at Poigai old age home, Vellore.

Section D: Association between post levels of depression and selected demographic variables.

SECTION A: DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF ELDERLY

Table 1: Frequency and Percentage distribution of elderly based on age in years.

n - 30

Age (in years)	Frequency	Percentage %
60-64 years	3	10%
65-69 years	11	37%
70 years and above	16	53%

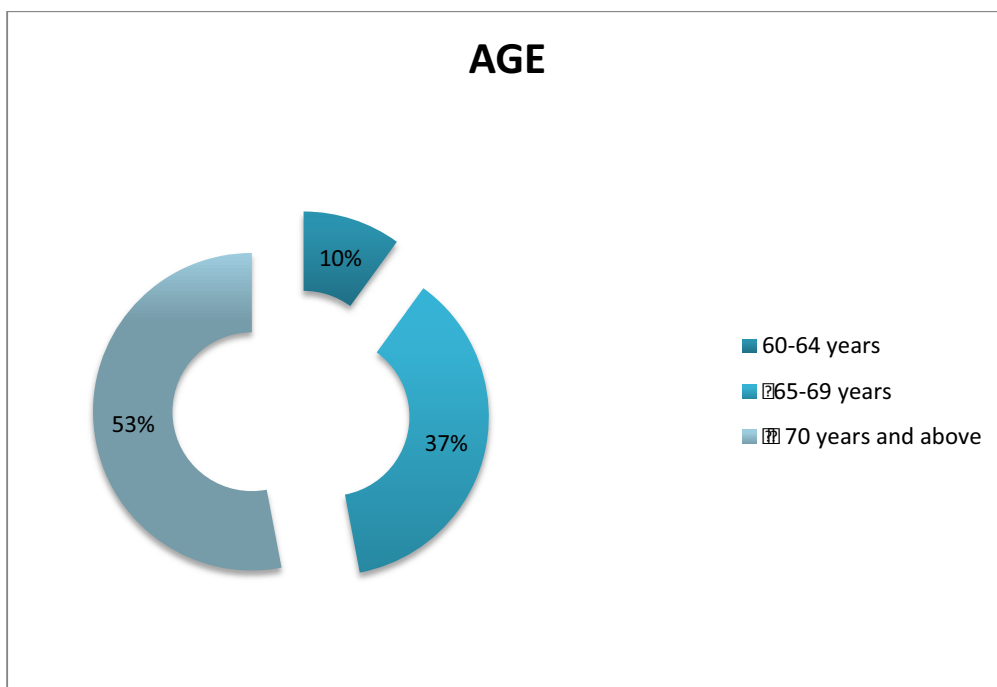


Figure.3: Doughnut diagram shows frequency & percentage distribution of elderly based on age in years

Table 1 & Figure.3 depicts that 16(53%) majority of elderly in old age home are in the age of above 70 yrs, 11(37%) are between 65-69 yrs of age and minimum 3(10%) of elderly are between 60-64 yrs of age .

Table 2: Frequency and Percentage distribution of sex of elderly .

n - 30

Gender	Frequency	Percentage
Male	0	0%
Female	30	100%

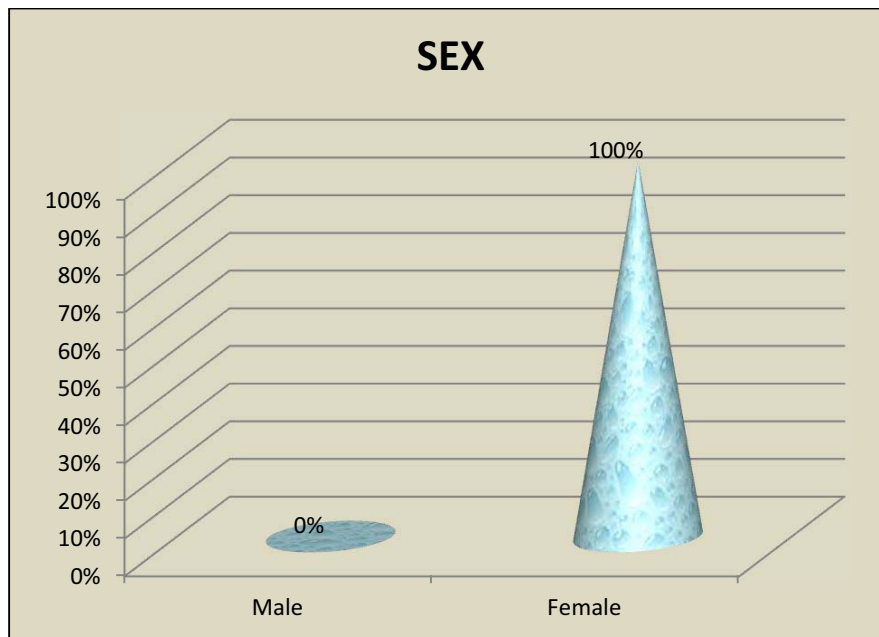


Figure 4: Conical graph shows frequency & percentage distribution of sex of elderly in old age home.

Table 2 & Figure 4 shows that 30(100%) elderly in old age home are females.

Table 3: Frequency and percentage distribution of elderly based on educational status.

n - 30

Educational status	Frequency	Percentage %
Illiterate	16	53%
Primary	11	37%
Higher secondary	3	10%
Graduate & above	-	0%

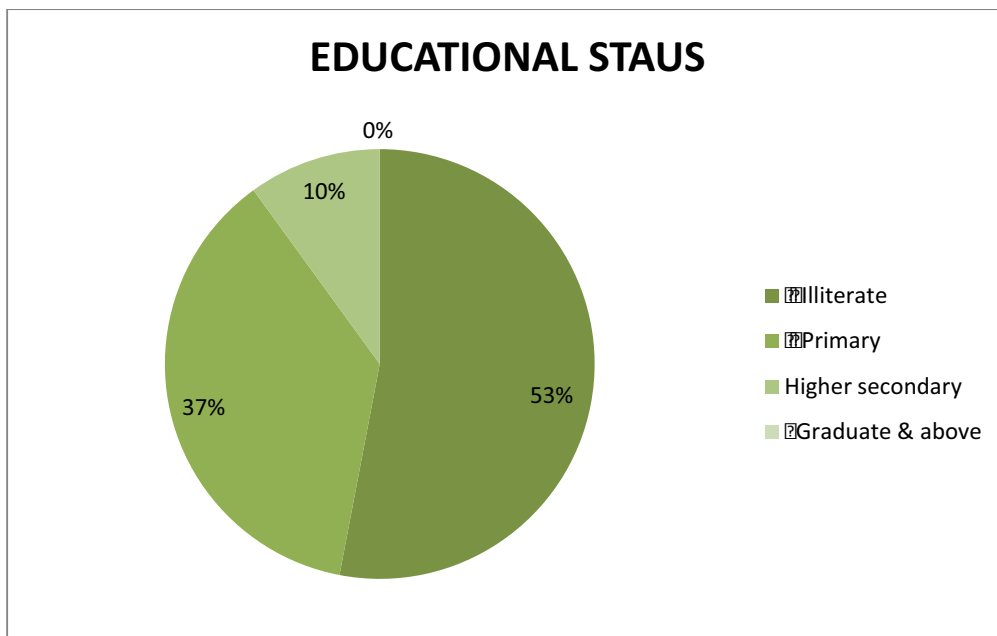


Figure 5 : Pie diagram shows frequency & percentage distribution of elderly based on educational status.

Table 3 & Figure 5 indicates that 16(53%) majority of elderly in old age home are illiterate, 11(37%) are educated till primary level and minimum 3(10%) of elderly are educated up to higher secondary level.

Table 4: Frequency and percentage distribution of elderly based on marital status.

n = 30		
Marital status	Frequency	Percentage
Unmarried	0	0%
Married	0	0%
Separated	0	0%
Widow	30	100%

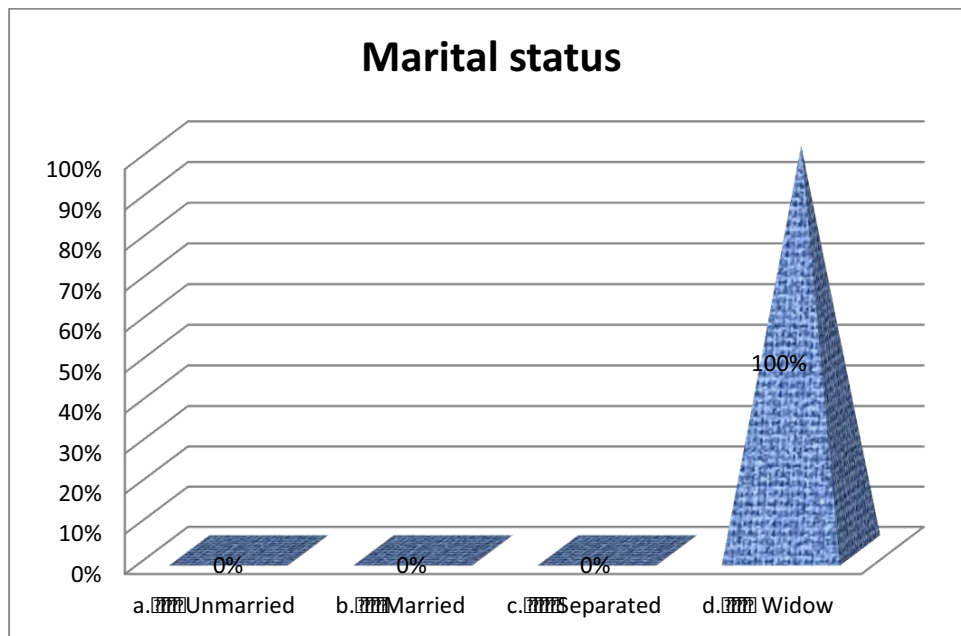


Figure 6: Conical graph shows frequency & percentage distribution of elderly based on marital status.

Table 4 & Figure 6 shows that 30(100%) elderly in old age home are widow

Table 5: Frequency and percentage distribution of elderly based on their physical illness.

n =30

Physical illness	Frequency	Percentage %
Hypertension	9	30%
Diabetes mellitus	6	20%
Respiratory diseases	4	13%
Other type of physical illness	11	37%

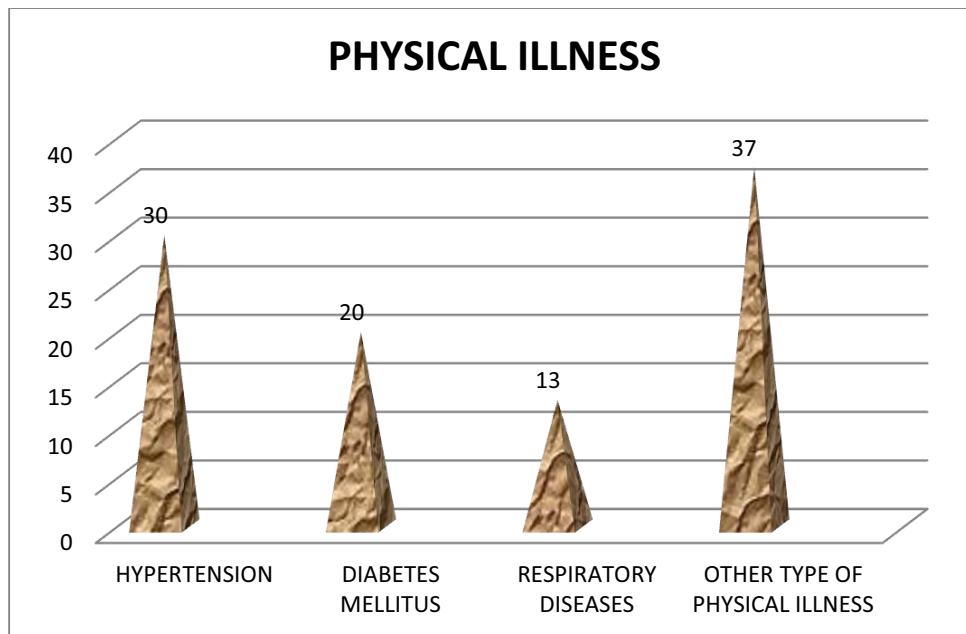


Figure 7: Cone diagram shows frequency & percentage distribution of elderly based on their physical illness.

Table 5 & Figure 7 depicts that 11(37%) most of the elderly in old age home have other type of physical illness such as Arthritis-4(13%), osteoporosis-4(13%) and psoriasis - 3(11%), 9(30%) have Hypertension, 6(20%) have Diabetes mellitus and minimum of elderly 4(13%) have respiratory disease (Asthma).

Table 6: Frequency and percentage distribution of elderly based on their duration of stay in old age home.

n =30		
Duration of stay in old age home	Frequency	Percentage %
Below 1 years	0	0%
1-2 years	5	17%
3 – 4 years	16	53%
5 years and above	9	30%

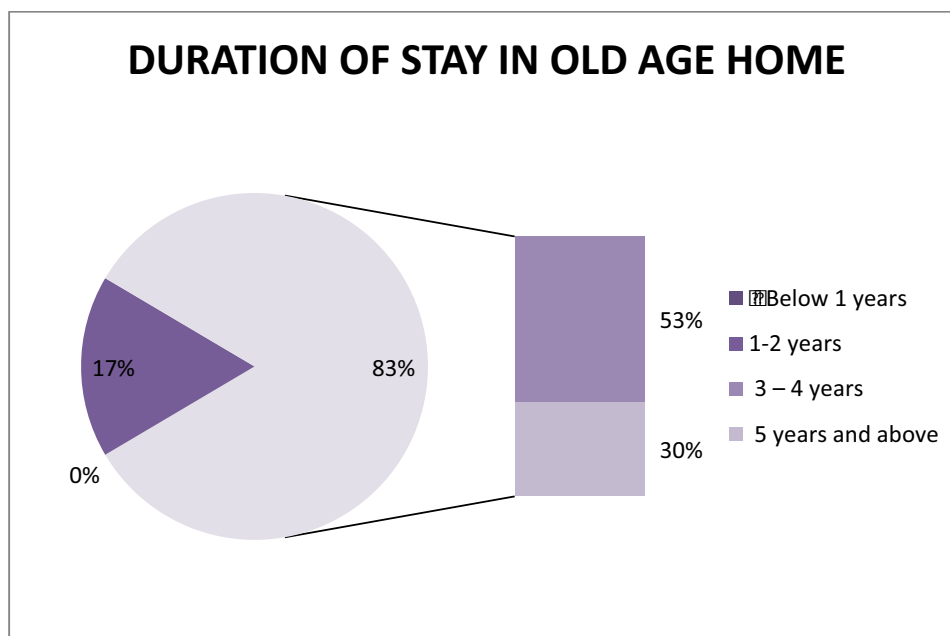


Figure 8: Pie diagram shows frequency & percentage distribution of elderly based on duration of stay in old age home.

Table 6 & Figure 8 indicates that 16(53%) majority of elderly, are in old age home for the duration of between 3-4 years, 9(30%) elderly are in old age home for more than 5 years and minimum of elderly are living in old age home for 1-2 years.

Table 7: Frequency and Percentage distribution of elderly based on monthly allowance/ pension in INR.

n - 30

Monthly allowance/ Pension in INR	Frequency	Percentage%
No allowance	14	47%
Below 1000	10	33%
1001 – 3000	4	13%
Above 3001	2	7%

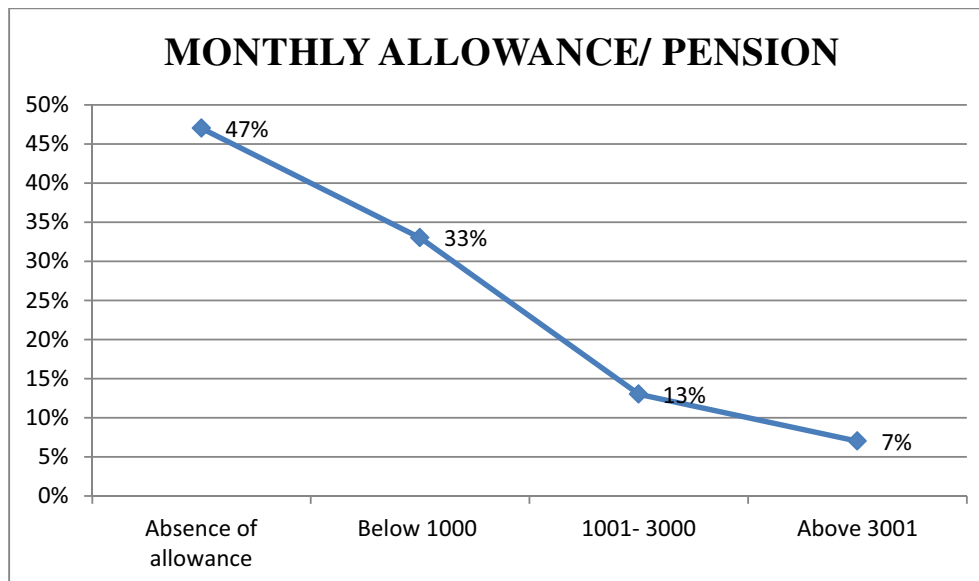


Figure 9: Line graph shows frequency & percentage distribution of elderly based on monthly allowance/ pension in INR.

Table 7 & Figure 9 depicts that 14(47%) most of the elderly has no allowance, 10(33%) of elderly have allowance below 1000 INR, 4(13%) of elderly have allowance between 1001 - 3000 INR and 2(7%) of elderly have allowance of above 3001 INR.

Table 8: Frequency and percentage distribution of elderly based on their family visits.

n =30

Frequency of family visits	Frequency	Percentage
Special occasions only	13	43%
Monthly twice	3	10%
Monthly once	5	17%
Weekly once	0	0%
Not visiting	9	30%

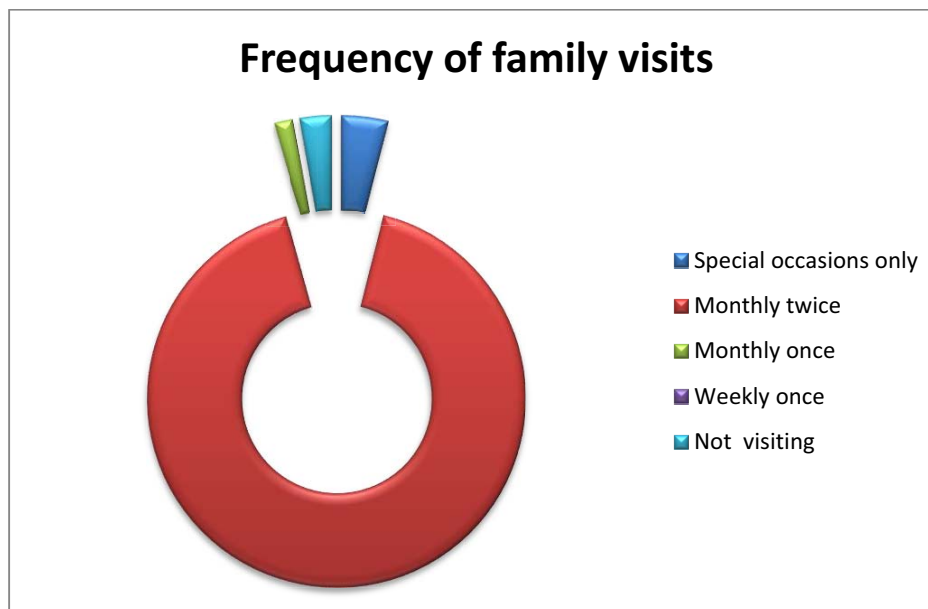


Figure10: Doughnut diagram shows frequency & percentage distribution of elderly based on their family visits.

Table 8 & Figure10 depicts that 13(43%) most of family members visit elderly on special occasions only, 9(30%) of family members are not visiting elderly at all, monthly once family visits elderly 5(17%) and 3(10%) of families visit elderly monthly twice.

SECTION B: FREQUENCY AND PERCENTAGE DISTRIBUTION OF LEVELS OF DEPRESSION AMONG ELDERLY

Table: 9 - Frequency and percentage distribution of levels of depression among elderly.

S. No	LEVELS OF DEPRESSION	n = 30			
		PRE – TEST		POST- TEST	
		Frequency%	Percentage	Frequency	Percentage%
1.	Normal [0 – 4 Score]	-	-	11	37 %
2.	Mild [5 – 8 Score]	16	53%	19	63 %
3.	Moderate [9 – 11 Score]	14	47%	-	-
TOTAL		30	100%	30	100 %

Section B: Table 9 shows that majority of elderly are in mild 16[53%] depression and 14[47%] are in moderate depression level in pre test. After reminiscence therapy there was reduction in depression level of elderly i.e., 11[37%] lies in normal/ no depression, 19[63%] are in mild depression level and none in moderate level of depression.

SECTION C: EFFECTIVENESS OF REMINISCENCE THERAPY ON LEVELS OF DEPRESSION.

Table 10: Effectiveness of reminiscence therapy on levels of depression among elderly.

n = 30					
S. No	LEVELS OF DEPRESSION	MEAN	STANDARD DEVIATION	MEAN DIFFERENCE	PAIRED 't' TEST
1	Pre test	8.2	1.5	2.9	17.5*
2	Post test	5.3	1.7		

Note *statistically significant ($p < 0.001$)

The above table 10 shows that pre-test mean value is 8.2 and standard deviation is ± 1.5 . After reminiscence therapy the post- test mean value is 5.3 and standard deviation is ± 1.7 . The mean difference is 2.9. The calculated 't' value 17.5 is greater than that of the table value 3.66. This shows that reminiscence therapy is highly effective in reducing the levels of depression among elderly at $p < 0.001$ level.

SECTION D: ASSOCIATION BETWEEN LEVELS OF DEPRESSION AND DEMOGRAPHIC VARIABLE OF ELDERLY IN OLD AGE HOME.

Table 11: Association between levels of depression and demographic variable of elderly at old age home.

n= 30

DEMOGRAPHIC VARIABLES	SAMPLE (n)		LEVELS OF DEPRESSION					‘Chi’ square Value	
	NO	%	NORMAL 0-4		MILD 5-8				
			NO	%	NO	%			
Age in years								1.31 N S	
60 – 64 years	3	10%	2	7%	1	3%			
65 -69 years	11	37%	4	13%	7	24%			
70 years and above	16	53%	5	16%	11	37%			
Educational status								13.5* S	
Illiterate	16	53%	6	20%	10	33%			
Primary education	11	37%	5	17%	6	20%			
Higher secondary	3	10%	-	-	3	10%			
Graduate and above	0	0%	-	-	-	-			
Physical illness								13.3* S	
Hypertension	9	30%	3	10%	6	20%			
Diabetes mellitus	6	20%	2	7%	4	13%			
Respiratory diseases	4	13%	2	7%	2	7%			
Other type of physical illness	11	37%	4	13%	7	23%			

DEMOGRAPHIC VARIABLES	SAMPLE (n)		LEVELS OF DEPRESSION				‘Chi’ square Value
	NO	%	NORMAL 0-4		MILD 5-8		
			NO	%	NO	%	
Duration of stay in old age home							13.6 * S
Below 1 years	-	-	-	-	-	-	
1 – 2 years	5	17%	1	3%	4	14%	
3 – 4 years	16	53%	7	23%	9	30%	
5 years and above	9	30%	3	10%	6	20%	
Monthly allowance/ pension [INR]							13.9* S
No allowance	14	47%	6	20%	8	27%	
Below 1000	10	33%	3	10%	7	23%	
1001-3000	4	13%	-	-	4	13%	
Above 3001	2	7%	2	7%	-	-	
Frequency of family visits							15.7* S
Visit on special occasion	13	43%	5	17%	8	27%	
Monthly twice	3	10%	1	3%	2	7%	
Monthly once	5	17%	1	3%	4	13%	
weekly once	-	-	-	-	-	-	
not visiting	9	30%	4	13%	5	17%	

Note *statistically significant (p<0.05)

There is a significant association between post test levels of depression and demographic variables like Educational status, Physical illness, Duration of stay in old age home, monthly allowance/ pension in INR, Frequency of family visits at (p<0.05) level and there is no significant association in age, sex and marital status. Hence, it is interpreted that the difference in mean score was true difference and not by chance and hence hypothesis H₂ was accepted.

CHAPTER -V

DISCUSSION

The present study was designed to evaluate the effectiveness of reminiscence therapy on levels of depression among elderly in old age home, Poigai, Vellore. Purposive sampling technique was used. 30 elderly were selected for the study and divided into two groups A and B which consisted of 3 sub groups, with 5 elderly each. Group A had interventions on Monday, Wednesday, Friday and group B had intervention on Tuesday, Thursday and Saturday. The intervention included reminiscence therapy based on topics like marriage, family, food, festival and friends. The intervention was explained by the researcher who played a role of moderator in this focus group discussion. Researcher put forward the topic, encouraged the elderly to reminiscence. Each elderly were given equal chance (at least 15 minutes) to put forward their memories about the topic given by the researcher. Intervention was given three times a week for a period of 5 weeks. Post test was conducted by the researcher after 5 weeks of reminiscence therapy.

The first objective was to assess the levels of depression among elderly.

The data identified from the present study shows that the pretest mean value of levels of depression was 8.2 where it shows that elderly 16(53%) are in mild, 14(47%) are in moderate depression and none are in the normal.

The present study findings were supported by the study conducted by **Senthilkumar.P**, Department of Psychiatry, Christian Medical College, Vellore, on Nature, prevalence and factors associated with depression among elderly in a rural south Indian community. The study 1000 participants, aged over 65 years from Kaniyambadi block,

Vellore, India. Prevalence of geriatric depression(ICD-10) within the previous one month was 12.7%, low income 1.78, experiencing hunger 2.58%, history of cardiac illness 4.75%, transient ischemic attack 2.435, past head injury 2.70% and diabetes 2.33%, increased the risk of depression. They conclude that geriatric depression is prevalent in rural south India. Poverty and ill health are risk factors for depression among elderly while good social support is protective.

The present study findings were supported by a study conducted by **Brahmbhatt K.R** to assess the depression level among 73 elderly included in the study. Geriatric depression scale 15 (GDS 15) was used to assess depression through face to face interviews and GDS score >7 was used as cut-off value for depression.

Results showed that the proportion of depression was 16% (95% CI: 7.7-25.1). Statistically significant association at $p < 0.005$ level was found with education, tobacco use, alcohol consumption and hypertension.

The second objective of the study was to determine the effectiveness of reminiscence therapy on levels of depression among elderly.

The pre- test mean value is 8.2. After reminiscence therapy the post- test mean value is 5.3. 11(37%) elderly lies in normal / no depression, 19(63%) elderly were in mild depression and none in moderate depression. The calculated 't' value 17.5 is greater than that of the table value 3.66 at ($p < 0.001$) level. This shows that reminiscence therapy is highly effective in reducing the levels of depression among elderly.

The present study findings were supported by the study conducted by **Macklin.K (2014)** to examine the effects of reminiscence on depression. 40 elderly was selected using purposive sampling technique and assessed the depression level using geriatric depression

scale. A significant difference was found between pretest mean 9 and post-test mean 6.5. The calculated t value ($t = 15.96$), is greater than then the table value at $p < 0.001$ level.

The present study was also supported by the study conducted by **Poonelivan.M (2013)** to examine the effectiveness of reminiscence therapy on levels of depression among elderly. 50 elderly were assessed with geriatric depression short form scale. Pre and post test was assessed. The 't' value 16 is significant at $p < 0.001$ level. Results show there was significant difference in pre and post levels of depression and reminiscence therapy was effective among elderly with depressed elderly.

The third objective of the present study was to determine the association between the post-test levels of depression among elderly and selected demographic variables.

The 'chi' square values of selected demographic variables on post test levels of depression about effectiveness of reminiscence among elderly with depression was calculated. Result shows Educational status, Physical illness, Duration of stay in old age home, monthly allowance/ pension, frequency of family visits was significant at ($p < 0.05$) level, and there was no significant association in age, sex and marital status.

The present study findings were supported by a cross-sectional descriptive study conducted **Jegadeesh Ramasamy MD (2012)** in the rural village of Sembakkam, Kancheepuram District in the state of Tamil Nadu, India, to estimate the prevalence of depression and assess association between socio demographic parameters and depression among older adults in a rural Indian community. Study variables included sociodemographic parameters such as age, sex, education, occupation, socioeconomic status, and marital status. Data entry and statistical analysis used SPSS version 17. 103 respondents were interviewed, 73 (70.9%) were aged 60–69 years and 58 (56.3%) were

male. Forty-four (42.7%) individuals (17 males, 27 females) were found to be depressed; 23 (22.3%) with mild depression, 14 (13.6%) moderate depression and 7 (6.8%) severe depression. Illiteracy has significant association with depression. Female sex and widowhood were significantly associated with depression at $p < 0.05$ level.

The present study findings were also supported by a study conducted by **Mr. Louie Smith (2014)** on elderly depression and socioeconomic parameters. 50 elderly were assessed with variables like age, sex, education, income. These were significant association at $p < 0.05$ level. The women aged 65 years who were illiterate and had no income were highly significant at $p < 0.001$ level.

CHAPTER VI

SUMMARY, IMPLICATIONS AND RECOMMENDATIONS

In this chapter, the summary of the study, conclusions, implications and recommendations for further researches are presented. This chapter discusses the brief results of the study and the future recommendations.

A. SUMMARY OF THE STUDY

The focus of the study was to find effectiveness of reminiscence therapy on levels of depression among elderly at old age home, Poigai, Vellore. Pre experimental design study was used for this study. The conceptual framework of this research was based on The General system's model of Nursing theory (1986). The instrument used for data collection was standardized Geriatric Depression Scale by Yesavage JA (1986) to assess levels of depression which included a pretest and post test measure. A sample of 30 was selected by purposive sampling technique. Descriptive (frequency, percentage, mean, standard deviation) and inferential statistics (paired 't' test and chi-square) were used to analyze the data to test the study hypotheses.

The duration of data collection was 5 weeks. The researcher established rapport with elderly. After informed consent, the intervention of reminiscence therapy was given thrice in a week for 5 weeks. The analysis of the data showed that there is a statistically significant effectiveness on reminiscence therapy on levels of depression among elderly at old age home.

FINDING OF THE STUDY

The levels of depression in elderly in old age home was assessed before the intervention of reminiscence therapy through Geriatric Depression Scale. The participants were selected based inclusion criteria. All the elderly were female, widow and majority of elderly (53%) are in the age of above 70 years, (53%) illiteracy, (47%) elderly has no

allowance/ pension in INR, (47%) stay 3-4 years and (43%) family visits on special occasion. In the pretest 16(53%) elderly were found to have mild, 14(47%) were having moderate depression. After intervention (reminiscence therapy) the depression among the 30 participants, 19(63%) were in mild depression and 11(37%) were in normal/ no depression. The paired "t" value (17.5) is greater than the table value (3.66) which was statistically significant at $p < 0.01$ level, proving effectiveness of reminiscence therapy on levels of depression among elderly. Hence the hypothesis H_1 is accepted and the difference between pre and post test score of levels of depression were true difference. Thus it is interpreted the reminiscence therapy was effective on post test levels of depression.

There is a significant association between posttest and selected demographic variables (educational status, physical illness, duration of stay in old age home, allowance/pension, and frequency of family members visits) at $p < 0.05$ level. Hence the hypothesis H_2 is accepted.

B.CONCLUSION:

The following conclusions were made from the study findings. Majority of the participants showed reduction in depression level. There is a significant change in levels of depression among elderly. The findings of the study were consistent with the review of literature and based on the method of sample selection supports the study. These findings may be generalized to elderly in old age homes, home environment (community).

NURSING IMPLICATIONS

The nurse plays a vital role in the provision of reminiscence therapy. The nurse is trained to recognize that depression is the major psychiatric problem experienced by the elderly. Reminiscence therapy helps in the reduction of depression level and it can be included in the geriatric care, which has more impact on reducing depression.

Therefore this study has important implications in

- Nursing practice
- Nursing education
- Nursing administration
- Nursing research

1. NURSING PRACTICE

Hospital

- Many elderly may suffer from depression disorder and it is a important responsibility for a nurse to identify the depression on admission.
- The nurse needs to motivate the elderly to participate in reminiscence therapy in hospital which will prevent/ reduce depression.
- Staff nurse can initiate and conduct reminiscence therapy in geriatric unit regularly.

Community

- The nurse should focus on the holistic care in community and practice about the reminiscence therapy.
- In the family, elderly can be encouraged to practice reminiscence therapy which will prevent occurrence of depression.

2. NURSING EDUCATION

- The concept of Reminiscence therapy need to be given importance and need to be included in the nursing curriculum.
- The nurses need to be educated regarding reminiscence therapy.
- Continuing nursing education on reminiscence therapy should be conducted periodically.
- Reminiscence therapy may be demonstrated for nurses to appreciate the effective outcome of the therapy.

- Nurse educator can conduct practice sessions on reminiscence therapy through in-service education to nurses, care givers in day care and half way homes.

3. NURSING ADMINISTRATION

- Nurse administrator can formulate policies and protocols to include reminiscence therapy in Geriatric unit , nursing homes and rehabilitation centre.

4. NURSING RESEARCH

- Future studies can be conducted on effect of reminiscence therapy among other age groups and various settings like community, half way homes and hospital set up.

D. RECOMMENDATIONS FOR FURTHER RESEARCH

On the basis of the study that has been conducted, suggestions are given for future research studies:

- A similar study can be performed with longer period of time for reminiscence therapy as intervention to draw generalizations.
- A similar study can be performed with larger samples.
- A similar study can be performed in other settings like hospital, community and in half way home.
- A comparative study can be conducted to evaluate the effect of reminiscence therapy and relaxation therapy among elderly.

REFERENCE

BOOKS:

1. American Psychiatric Association, (2000). "Diagnostic and Statistical Manual of mental disorders", 4th edition. Washington, D.C publication. Pg no 143-148.
2. Dr. Bimla Kapoo, (2006), Textbook of Psychiatric Nursing, volume II, 1st edition, Delhi, Kumar Publication. Pg no 25 -32.
3. Elakkuvana Bhaskara Raj (2014), Debr's Mental Health [Psychiatric Nursing], 1st, Bangalore, EMMESS publication. Pg no 56-63.
4. Katherine M, Patricia A, (2004). "Psychiatric Mental Health Nursing", 3rd edition. California, Mosby publication. Pg no 58-65.
5. Lawrence C. Kolb, (1968). "Modern clinical psychiatry", 8th edition. London, W.B publication. Pg no 258 -263.
6. Mary Ann Boyd, (2008). "Psychiatric nursing contemporary practice", 4th edition. New Delhi, W.B Saunders publication. Pg no 79-85.
7. Mary C. Townsend, (2012). "Psychiatric mental health nursing", 6th edition. New Delhi, LWW publication. Pg no 14 -125.
8. Nambi .S, (2005), "Psychiatry for nurses", 1st edition, Chennai, Jaypee publication. Pg no 22-31.
9. Neeraja .K.P (2009), "Essentials of Mental Health and Psychiatric Nursing", volume I, Chennai, Jaypee publication. Pg no 212-221.
10. Niraj Ahuja, (2011). "A short text book of psychiatry", 7th edition, Chennai, Jaypee publication. Pg no 57-62.
11. Peter E, Nathan, (2007). "Depression and co morbidity", 6th edition. New Delhi, N-tech publication. Pg no 201 -214.

12. Sreevani. R, (2010), "A Guide to mental health and psychiatric nursing", 3rd edition, Chennai, Jaypee publication. Pg no 91- 114.
13. Steven Richards, Fredrik, (2006). "Late life Depression" 8th edition. USA, Michigan publication. Pg no 14 -20.
14. Stuart. W, (2005), "Principles and Practice of Psychiatric Nursing, 8th edition. New Delhi, Elsevier publication. Pg no 165- 173.
15. Subash Indra Kumar C. I. (2012), "Text Book of Psychiatry and Mental Health Nursing", 1st edition. Bangalore, EMMESS publication.pg no 59-65.

JOURNAL REFERENCE:

1. American Psychiatric Association (2011): DSM – 5 developments, Washington, 51.
2. Richards .V, Depression (2007), BMJ publishing group's range of journals, New Delhi: volume 5, 25-26.
3. Blow. C: Psychiatry reports (2006), New Delhi, Volume 8 & 9, Jaypee brother's publication.32(5), 201-214.
4. Clevin. M: Recognition and treatment of depression (2010), Washington,:52
5. Lin, Y., Dai, Y., & Hwang, S. (2003). The effect of reminiscence on the elderly population: A systematic review. Public Health Nursing, 29(4), 297-306.
6. Mitchell. A.S, Geriatric Psychiatry (2013), USA 18(12): 1066-77.
7. Stinson, C. (2007). Structured reminiscence: An intervention to decrease depression in older adults. Doctoral dissertation, Texas Woman's University, Houston, Texas, 1-59.
8. Stinson, C. K. (2009). Structured Group Reminiscence: An Intervention for Older Adults. The Journal of Continuing Education in Nursing, 40(11), 521-528.

9. Stevens-Ratchford. R. (2013). The effect of life review reminiscence activities on depression and self esteem in older adults. *American Journal of Occupational Therapy*, 47(5), 413-420.

NET REFERENCE:

1. <http://www.google scholar/geriatric depression- reminiscence>.
2. <http://www.stanford.edu/~yesavage/GDS.html>
3. <http://www.pubmed.com>.
4. <http://www.cleveland clinic meded.com/medical pubs/psychiatry-psychology>.
5. <http://www.stanford.edu/~yesavage/ACRC.html>.



Om Namo Narayani

SRI NARAYANI COLLEGE OF NURSING

(A Unit of Sri Narayani Hospital & Research Centre)

**Sripuram, Thirumalaikodi, Vellore - 632 055.
Vellore District, Tamilnadu. India.**



Dr. N.BALAJI, Ph.D., FIMSA, FACSc.
Director

29.06.2015

To,

The Manager,
Swamy Vivekanadar charitable trust,
PuthuVasur,
Vellore.

Respected sir,

Sub: Requesting permission for conducting the research pilot study in
SwamyVivekanadar charitable trust.

This is for your kind notice, that Ms. Karthiga.R II year M.Sc Nursing student in Sri Narayani college of Nursing is planning a research pilot study on “ **Effectiveness of reminiscence group therapy on levels of depression among elderly at selected old age homes, Vellore,**” which is to be submitted to The Tamil Nadu Dr. MGR Medical University as partial fulfillment for awarding of the degree of M.Sc [N].

Hence forth, I request your good selves to accord permission for data collection from the elderly residing at SwamyVivekanadar charitable trust, Vellore. She will abide by the rules and regulations as stipulated.

Kindly do the needful.

Thanking you

PRINCIPAL

**PRINCIPAL
SRI NARAYANI COLLEGE OF NURSING
VELLORE - 55.**

APPENDIX-B

CERTIFICATE OF VALIDATION

This is to certify that Geriatric Depression Scale (standardized tool) and the demographic variables for the research study '**Effectiveness of reminiscence therapy on levels of depression among elderly at selected old age homes, Vellore.**' prepared by Miss. Karthiga. R has been validated.

Name:

Designation:

Date:

Institution:

Seal and signature:

APPENDIX - C

Letter requesting participation in the study

Dear participant,

I, **Miss. Karthiga.R** II year M.Sc Nursing student of Sri Narayani College of Nursing am conducting a study “ **Effectiveness of reminiscence therapy on levels of depression among elderly in selected Old age home, Vellore**”, as a partial fulfillment for my Masters Degree. In this regard I would like to administer reminiscence therapy, which aim to reduce your depression level. I assure you that the information obtained from you will be strictly confidential and will be used for the study purpose only. I need your wholehearted cooperation in this study to gather information and I will be grateful to you for the same.

Thanking you in anticipation,

Yours sincerely,

Miss.Karthiga.R.

CONSENT

I have been informed for the purpose of the study and agree to participate in the same.

Date :

Place :

Signature of participant

Appendix – D

LIST OF EXPERTS FOR TOOL VALIDATION

1. Mrs. Jasmine. B, M.Sc (N).,

Professor,

Principal, Shree Sahajanand Gurukul,

Bhavnagar,

Gujarat.

2. Mrs. Vijayalakshmi. K, M.Sc (N).,

Professor,

HOD of Mental Health Nursing,

Apollo College of Nursing,

Chennai,

TamilNadu.

3. Mrs. Anuradha. C, M.Sc (N),

Associate Professor,

Dept of Mental Health Nursing,

Apollo College of Nursing,

Chennai,

TamilNadu

4. Mr. Muthurathinam, M.Sc,Biostatistics

Biostatistician,

Sri Narayani College of Nursing,

Vellore,


Tamil Nadu.

Appendix - E

CERTIFICATION OF ENGLISH EDITING

To whomsoever it may concern

This is to certify that tool prepared by **Ms.Karthiga.R**, II year M.Sc Nursing, to conduct the dissertation for the partial fulfillment of Degree course on “**Effectiveness of reminiscence therapy on the levels of depression among elderly at old age home, Poigai, Vellore**” has been edited by me in English language.



SIGNATURE
A. ARULRAJ, M.A., B.Ed., M.Phil.,
B. T. Asst. in English
Govt. High School,
Munjurpet - 632 011, Vellore Dist.,

Appendix - F

CERTIFICATION OF TAMIL EDITING

To whomsoever it may concern

This is to Certify that tool prepared by **Ms.Karthiga.R**, II year M.Sc Nursing, to conduct the dissertation for the partial fulfillment of Degree course on “**Effectiveness of reminiscence therapy on the levels of depression among elderly at old age home, Poigai, Vellore**” has been edited by me in Tamil language.


செ. செவ்வியா, எம்.எ., பி.எட்., எம்.பி.எல்.,
SIGNATURE
தமிழ்நாடு
அரசினர் உயர்நீதிமன்றப் பள்ளி
முக்தர்பட்டு, வேலூர் - 632 057

Appendix – G (Part –A)

Demographic Variables

1.Age in years

1.1. 60 – 64 years

1.2. 65 -69 years

1.3.70 years and above

2.Gender

2.1. Male

2.2. Female

3.Educational status

3.1. Illiterate

3.2. Primary education

3.3. Higher secondary

3.4. Graduate and above

4.Marital status

4.1. Unmarried

4.2. Married

4.3. Widow

4.4. Separated

5.Physical illness

5.1. Hypertension

5.2. Diabetes mellitus

5.1.Respiratory diseases

5.4. other type of physical illness

6.Duration of stay in old age home

- 6.1. Below 1 years
- 6.2. 1 – 2 years
- 6.3. 3 – 4 years
- 6.4. 5 years and above

7.Monthly allowance/ pension (INR)

- 7.1. No allowance
- 7.2. Below 1000
- 7.3. 1001-3000
- 7.4. Above 3001

8.Frequency of family visits

- 8.1. Visit on special occasion
- 8.2. Monthly twice
- 8.3. Monthly once
- 8.4. Weekly once
- 8.5. Not visiting.

PART B

Geriatric Depression Scale (Short Form)

Patient's Name:

Date:

Instructions: Choose the best answer for how you felt over the past week.

Note: when asking the patient to complete the form, provide the self-rated form.

1. Are you basically satisfied with your life? **YES / NO**
2. Have you dropped many of your activities and interests? **YES / NO**
3. Do you feel that your life is empty? **YES / NO**
4. Do you often get bored? **YES / NO**
5. Are you in good spirits most of the time? **YES / NO**
6. Are you afraid that something bad is going to happen to you? **YES / NO**
7. Do you feel happy most of the time? **YES / NO**
8. Do you often feel helpless? **YES / NO**
9. Do you prefer to stay at home, rather than going out and doing new things? **YES / NO**
10. Do you feel you have more problems with memory than most people? **YES / NO**
11. Do you think it is wonderful to be alive? **YES / NO**
12. Do you feel pretty worthless the way you are now? **YES / NO**
13. Do you feel full of energy? **YES / NO**
14. Do you feel that your situation is hopeless? **YES / NO**
15. Do you think that most people are better off than you are? **YES / NO**

Source: <http://www.stanford.edu/~yesavage/GDS.html>

This scale is in the public domain.

APPENDIX- I

REMINISCENCE THERAPY SESSION

Session 1: Remembering first day of marriage.

- Marriage events
- Dresses

Session 2: Remembering family.

- Family members.
- Trip with family members.

Session 3: Remembering festivals

- Festival holidays
- Food associated with festivals.
- Festival dresses

Session 4: Remembering foods

- Favorite foods of childhood.
- Favorite foods at holidays.
- Recipes.

Session 5: Remembering friends

- Talk about friends.
- Fun times with friends.
- Tour/outing with friends.

ஆய்வில் பங்கேற்பவர்களின் விவரங்கள்

1. வயது

அ. 60– 64 வயது

ஆ. 65– 69 வயது

இ. 70 வயதுமேல்

2. பாலினம்

அ. ஆண்

ஆ. பெண்

3. கல்வித் தகுதி

அ. படிக்காதவர்

ஆ. இளநிலைக் கல்வி

இ. மேல்நிலைக் கல்வி

ஈ. பட்டதாரி, அதற்குமேல்

4. திருமண தகவல்

அ. திருமணம் ஆகாதவர்

ஆ. திருமணம் ஆனவர்

இ. விதவை

ஈ. தனித்து வாழ்பவர்

5. உடல் பிரச்சனைகள்

அ. அதிக இரத்தஅழுத்தம்

ஆ. நீரிழிவுநோய்

இ. நுரையீரல் நோய்

ஈ. மற்றநோய்

6. முதியோர் இல்லதில் தங்கியிருந்த கால அளவு?

அ. 1 வருடத்திற்கும் கீழ்

ஆ. 1 – 2 வருடம்

இ. 3 – 4 வருடம்

ஈ. 5 வருடம் மற்றும் அதற்கும் மேல்

7. மாத படி / ஓய்வூதியம்

அ. எந்த வருமானமும் இல்லை

ஆ. 1000 திற்கும் கீழே

இ. 1001 – 3000

ஈ. 3001 திற்கும்மேலே

8. முதியோர்களை பார்க்க குடும்ப உறுப்பினர்களின் வருகை

அ. விசேஷ நாட்கள்

ஆ. மாதம் இருமுறை

இ. மாதந்தோறும்

ஈ. வாரத்திற்கு ஒருமுறை

உ. வருவதில்லை

மனோநிலை அளவீடு

(குறுகிய வடிவம்)

நீங்கள் கடந்த வாரம் முழுவதும் எவ்வாறு உணர்ந்தீர்கள் என்பதற்கான சிறந்த பதிலை தேர்வு செய்க :

1. அடிப்படையில் உங்கள் வாழ்க்கையில் திருப்தியாக உள்ளீர்களா ? ஆம் / இல்லை
2. உங்கள் நடவடிக்கைகள் மற்றும் விருப்பங்கள் பலவற்றை கைவிட்டு விட்டீர்களா? ஆம் / இல்லை
3. உங்கள் வாழ்க்கை வெறுமையானது என்று உணர்கிறீர்களா? ஆம் / இல்லை
4. நீங்கள் அடிக்கடி சலிப்படைகிறீர்களா? ஆம் / இல்லை
5. நீங்கள் பெரும்பாலும் நல்ல உற்சாக நிலையில் இருக்கிறீர்களா? ஆம் / இல்லை
6. உங்களுக்கு ஏதாவது கெட்டது நடக்க போகிறது என்று நீங்கள் பயப்படுகிறீர்களா? ஆம் / இல்லை
7. நீங்கள் பெரும்பாலான நேரம் சந்தோஷமாக உணர்கிறீர்களா? ஆம் / இல்லை
8. நீங்கள் அடிக்கடி ஆதரவற்றது போல் உணர்கிறீர்களா? ஆம் / இல்லை
9. நீங்கள் வெளியே சென்று மற்றும் புதிய விஷயங்களை செய்வதற்கு பதிலாக, வீட்டில் தங்குவதை விரும்புகிறீர்களா? ஆம் / இல்லை
10. பெரும்பாலானவற்றை விட, உங்களுக்கு நினைவாற்றல் உடனான அதிக பிரச்சினைகள் உண்டென்று உணர்கிறீர்களா? ஆம் / இல்லை
11. நீங்கள் இப்போது உயிரோடு இருப்பது அற்புதமானதென்று நினைக்கிறீர்களா? ஆம் / இல்லை
12. நீங்கள் இப்போது இருக்கும் நிலை பற்றி சிறந்த மதிப்பில்லாது உணர்கிறீர்களா ? ஆம் / இல்லை
13. நீங்கள் முழு ஆற்றலுடன் உணர்கிறீர்களா ? ஆம் / இல்லை
14. உங்களின் நிலைமை நம்பிக்கையற்றதாக இருக்கிறது என்று நீங்கள் உணர்கிறீர்களா? ஆம் / இல்லை
15. பெரும்பாலான மக்கள் உங்களை விட நன்றாக இருக்கிறார்கள் என்று நீங்கள் நினைக்கிறீர்களா? ஆம் / இல்லை

தடித்த எழுத்திலுள்ள பதில்கள் மனச் சோர்வை குறிக்கின்றன. ஆய்வுகளின் ஊடே, மாறுபட்ட உணர்திறன்கள் மற்றும் தனிப்பயன் உடைமைகள் பெறப்பட்ட போதிலும், மருத்துவ நோக்கங்களுக்காக, 5 புள்ளிகளுக்கு மேற்பட்ட ஒரு மதிப்பெண் மனச்சோர்வை தெரிவிக்கிறது. மற்றும் ஒரு பின்-தொடர்ந்த பேட்டி உத்திரவாதமாக வேண்டி இருக்கிறது. 10-க்கு மேற்பட்ட மதிப்பெண்கள் கிட்டத்தட்ட எப்போதும் மனச் சோர்வேயாகும்.